N. B.—Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate. CORD INLY, WITH UNFADING INK .-- THIS IS A PERMANENT WRITE P

RESERVED FOR BINDING

Ce	PLACE OF DEATH 11839	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villa	2 FULL NAME Charles & an	St; Ward)  (If death occurred in a hospital or institution, give its NAME instend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI 200	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED SURFLE OF BIRTH  ATE OF BIRTH  (Month) (Day) (Year)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  16 2 2 192 2 to 192 2 that I last saw h 1944 alive on 192 2
7 AG		The CAUSE OF DEATH is was as follows:
O (b	) Trade, profession or articular kind of work.  ) General nature of industry usiness, or establishment in hich employed or (employer).  RTHPLACE (State or country)	(Duration) yrs. mos 16 ds.  Contributory Secondary
RENTS	10 NAME OF LEASY ANCELL  11 BIRTHPLACE OF FATHER (State or country) Carroll 60  12 MAIDEN NAME	(Signed)
PA	13 BIRTHPLACE OF MOTHER (State or country) barrell bo Ind	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcents, or Recent Residents)  At place of death yrs mos da. State, yrs mos da. Where was disease contracted,
15	(Informant) Securif Professional (Address) January Translation of MY KNOWLEDGE  (Address) January Translation of MY KNO	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL TOTE OF BURIAL  Reformed Cometery Nov. 7., 19.2.7. 20 UNDERTAKER  ADDRESS  ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up en account of the disease causing death, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) worked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in Industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, (a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. But lu many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully cm-For persons who have no occupation If the occupation has been changed The material

fever (the only definite synonym is "Epidemic cerebrospinal spinal meuingitis"); Diphtheria (avoid use of "Crour");

Typhoid fever (uever report "Typhoid pneumonia, Bronchopneum Statement of Cause of Death-Name, first, the DIS-

ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The naand qualify as Accidental, suicidal, or Homicidal, or Nomenclature of the American Medical Association.) train—accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely. taken. For viclent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorconditions, such as "Asthenia," "Anaemia" "Puenderal schiicaemia," "Puenderal peritonitis," "Uraemia," "Weaknes:," ctc., when a definite disease symptomatie), "Atrophy," "Collapse," ary), 10 ds. Never report more symptoms or terminal stated unless important. vulsions," causing death), 29 ds.; Bronehopneumonia use of "Tumor" for malignant neoplasms); Measics; (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Scnile," etc.), Accidental drowning; Struck by railway cough; Chronic valvular Example: Measles "Coma," heart disease; (disease (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondance with the data is essential and must be obtained before the certificate is permanently filed.

334

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1 PLACE OF DEATH	STATE OF MARYLAND
County Carroll 118	CERTIFICATE OF DEATH Registration Dist. No.
Village or City New Wieder (No. ,	St; Ward) (If death occurred in a hospital or institution, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White, Wilder Word Manie	16 DATE OF DEATH    Nov. = 4
Month) (Day), 1888  (Month) (Day) (Year)	that last saw h m alive on
3 3 yrs. 1 mos. 4 ds. or min. ?	The CAUSE OF PEATH & was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTH PLACE (State or country)  Manyland,	Contributory My Carelles Mos ds.  Contributory Secondary (Duretion) 2
10 NAME OF FATHER JOSEPH D. Bulle,  11 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D
13 BIRTHPLACE OF MOTHER (State or country)  Manyland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcents, or Recent Residents)  At place of death yrs. mos
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of death?
(Address) New Windson Inc.  (Filed Nov 6 1922 J. Odyard West	19 PLACE OF BURIAL OR REMOVAL   SATE OF BURIAL  Belliel Councies, Mor. 27 3, 1977.  20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Ceusus and American Public Health Association.)

er," etc., without more precise specification as Day additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Nevcr return "Laborcr," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSINO DEATH, gaged in domestie service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked on may form part of the second statement nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. whatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal mine, ctc. Wom-But iu many The material

Lobar pneumonia, Bronchopneumonia ("Pneumonia, Typhoid fever (never report "Typhoid pneumonia"); spinal meuingitis"); Diphtheria (avoid use of "Croup"); ed term for the same discase. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemic eerebro-

> can be ascertained as the cause. Always qualify all conditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, men quences (e.g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) ment of eause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; "Uraemia," "Weakness." etc., when a definite disease vulsions," Poisoned by earbolic acid-probably suicide. (secondary or intercurrent) affection need not be Whooping cough; -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congeuital," "Scnile," etc.), Never report mere symptoms or terminal Chronic valvular heart (Recommendations ou state-Example: Meastes (disease "Anaemia" Struck by railway Meastes; disease; (merely (second-



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5	Every item of information should be carefully supplied. AGE should be stated EXACTLY. Plehould state CAUSE OF DEATH in piein terms, so that it may be properly elassified. Exact in OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH County Carroll 11851	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City / any Four No. M. Bar	St; Ward)  [If death occurred in n hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
hale winte Single Single MARRIED, Single Wibowed OR DIVORCED (Write the word)	18 BATE OF DEATH  (Month)  (Day)  (Yoar)
© DATE OF BIRTH	that I lest saw h washe on P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7 AGE If LESS than 1 day, hrs.	and that death eccurred on the date stated above, at / 2 m. The CAUSE OF DEATH * was as follows:
S OCCUPATION (a) Trade, profession, ar particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer)	pregnature Bists 6 mo fregnancy - Still born (Auralian) Tra moster da.
10 NAME OF FATHER NOTH AND R. Banny and In BIRTHPLACE OF FATHER NOTH AND RESIDENCE OF FATHER (State or country)  12 MAIDEN NAME Scha & B. Mehry C	Contributory Secondary  (Signed)  (Signed)  (State the Disease Causing Death, or, in deaths from Violent Causing, state (I) Means of Injury; and (2) whether Accidental.  Suicidal or Homicidal.
of MOTHER COM A B. Mehrung  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF BY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place le the of death
(Address) Day and Bangaran  (Address) Day Day Town M. S.  FHEB Wit 12, 1982 WB Hagan	Former er sevel residence  19 PLACE OF BURIAL OR REMOVAL  Learner at Residence  Now./2tm, 1922.
If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.)

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Coal mine, etc, Women at home, who are engaged in the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Automabile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day laborer, Farm laborer, Laborer business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, expecially in industrial employments, it is necessary first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulthe second statement. the second statement. Never return "Laborer," foreman," "Manager," "Dealer," etc., without more Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, Architect, Locomotive engineer, Civil For persons who have no occupation whatever,

unqualified, is indefinite); Tuberculosis of lungs, moninterm time spinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia. Bronchopneumonia Typhoid fever (never report "Typhoid pneumonia"); CAUSING DEATH (the primary affection with respect to ever Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebroand causation), using always the same accepted for the same disease. Examples: Cerebrospinal ("Pneumónia,

cause of de ature of the Ame als certificate is jooked ove ence. At the data is essential and the certificate is permanently filed. cough; Chronic valvular heart disease; Chronic interstitud ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), lapse," "Coma," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronment) affection need not be stated unless important. nephritis, etc. "Tumor" for inalignant neoplasms); Meastes, Whooping (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." head-homicide; Poisoned by Struck by railway train-accident; Revolver "PUERPERAL peritonitis," etc. on Nomenclature of the American Medical Association.) The nature of the injury, as fracture of skull, The contributory (secondary or intereur-"Dropsy," "Exhaustion," carbolic acid-probably State cause for which Never report mere "Atrophy," (Recommendations

ence. All the data is essential and must be obtained before wans unswered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. EXACTLY IS CIESSIFIE (If death occurred in hospital or institu-.... Ward) tion, give its NAME instend of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICA 16 DATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, MARRIED. WIDOWED MANY OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Year) Month) (Day) and that death occurred on the date stated above, at .. JO. P. 7 AGE If LESS than The CAUSE OF DEATH & was day ..... hrs. ...de. or .... min. ? 8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in (Duration) ..... which employed or (employer)..... Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF PATHER II BIRTHPLACE "State the Disease Causing Death, or, it deaths from Violent Causes, state (1) Means of Injury; and (2) whether OF FATHER 40 (State or gun Accidental, Suicidal or Homicidal. 12 MAIDEN YA OF MOTHER 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) state 13 BIRTHPLACE At place of death .... yrs. mos.....da. In the OF MOTHER State, .....yrs......mos..... 00 (State or country) Where was disease contracted, 3 if not at place of death?..... Former or usual residence. (Informant) DATE OF BURIAL PLACE OF BURIAL OR REMOVAL (Address 20 UNDERTABLE ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S.

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(Approved by U. S. Ceusus and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing death, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the er," etc., without more precise specification as Day Never return "Laborer," "Foreman." "Manager," "Dealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces the first line will be sufficient, e. g., Farmer or Planter cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Furmer (re-Housemaid. etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerworked on may form part of the (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary, to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not galufully em-For persons who have no occupation If the occupation has been changed -Coal minc, etc. Womsecond statement duties of the The material But in many

Statement of Cause of Death—Name, first, the bisEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of Croup");
Typhoid fever (never report "Typhoid pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia")

6.2

eausing death), 29 ds.; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, menary), W ds. conditions, such as "Asthenia," "Anaemia" stated unless important. use of "Trimor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely and qualify as Aceidental, Suicidal, or Homicidal, or "Puerpenal septicaemia." "Puerpenal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inauition," "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure." "Haemorvulsious," symptomatic), "Atrophy," "Collapse, (secondary or hitercurrent) affection need not be Chronic interstitial nophritis, etc. inges, peritonacum, etc., Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway State cause ...... (mame origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congeuital," "Scnile," etc.), Never report mere symptoms or for which surgical operation was under-Carcinoma, Sarcoma, etc., Example: Mcasles (disease (Recommendations on state-The contributory 99 "Coma," "Conterminal (second-(merely

BINDING

GIN RESERVED FOR

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Carroll 1845 183	CERTIFICATE OF DEATH
County County	7/
Village or City W timoutour No.	Registration Dist. No
2 FULL NAME HOROLD G. Ball	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEL OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 / I HEREBY CERTIFY, Thet I attended the deceased from
6 DATE OF BIRTH	Nov 5th 192 / to Nov, 5th, 192 /
Jan 6,908	that I last saw h Ala alive on for St. 1925
(Month) (Day) (Near)	and that death occurred on the date stated above, at
AGE  1 AGE  1 If LESS, than I dayhrs.  1 dayhrs.  7 min. ?	The CAUSE OF DEATH & wes es follower left leg.
8 OCCUPATION (a) Trade, profession or particular kind of work	accidental. cursos
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) , Fre. mov 2 11 de 7
* BIRTHPLACE (STATE OF CONBIETY) Covale 60	Contributory Secondary  (Duration),,,yre,,,meede.
10 NAME OF HORVY Ballinger	(Signed) Letter Cuy M. D.
11 BIRTHPLACE OF FATHER (State or country) Carrall Co	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Bessie Hagerly	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Cavelle	At place In the of death yrs. mos. da. State, yrs. mos. da.  Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death !
(Informant) Harry Br. C. 25. A	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL
(Address) Uwow/State No.	Frank Cementry hor. 8 1022
Filed Nov. 6. 1922 W. Le Englan	20 ENDERTAKER ADDRESS Janyton
g If more blanks are needed, address State Registrar.	16 W. Saratoga St., Raito, Requesting V. S. No. 1. hud

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salury), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. 'As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation -- Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed The ques-

spinal meningitis"); Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: Cercbrospina to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Lodar pneumonia, Bronchopneumonia ("Pneumonia, Typhoid fever (never report "Typhoid pneumonia" fever (the only definite synonym is "Epidemie eerebro Statement of Cause of Death-Name, first, the bis

> ; (secondary or intercurrent) affection need not be . Whooping cough; Chronic valvular heart disease; ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely "Puerreral septicaemia." "Puerreral peritonitis," discuses resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor eonditions, such as "Asthenia," "Anaemia" Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse Poisoncel by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. State cause for which surgical operation was undercau be ascertained as the cause. "Uraenia," "Weakness," etc., when a definite disease symptomatie), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men vulsions," causing death), 29 ds.; Bronchopneumonia FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Cougeuital," "Scnile," etc.) (Recommendations on state-Always qualify all "Соша, Measles; (second-(merely (disease "Con-

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

the certificate is permanently filed.

Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMANENT BINDING A S -THIS FOR INK-RESERVED UNFADING Z WRITE

S. No.

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PLACE OF DEATH County Carroll 11844	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No.  St.; Ward) (If death occurred in a hospital or institu-
2 FULL NAME Howard C. Box	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE 5 SINGLE MARRIED, WIDOWED OR DIVORDED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	72-122 722
(Month) (Day), 1922 (Year)	that I last saw h alive on 700 2 3, 1922
7 AGE    If LESS than   day 2 hrs.   day 7 h	The CAUSE OF DEATH % was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds
9 BIRTHPLACE (State or country) Carroll C	Secondary (Duration)
10 NAME OF FATHER THATS OF SOUTH OF FATHER (State or country)	(Signed)  M. D  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
12 MAIDEN NAME OF MOTHER Projecting M. M. M. Colary	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents, or Recent Residents)
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MYKNOWLEDGE	At place In the of desth yrs. mos. da. State, yrs. mos. da. Where was disease contracted, if not at place of death?
16 min ST 6 Smid	Former or usual residence.
(Address) (Addre	19 PLACE OF BURIAL OR REMOVAL TE OF BURIAL  11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED UNITED STATES CERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servent, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a laborer. Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; worked on may form part of the second statement should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary farcacen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various parsaits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on

Typhoid fever (never report "Typhoid pneumonia");
Lodar pneumonia, Bronchopneumonia ("Pneumonia," spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis (the only definite synonym is "Epidemic cerebro-

> ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Nomenclature of the American Medical Association.) head of "contributory." as probably such, if impossible to determine definitely. quences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resuiting from childbirth or miscarriage as can be ascertained at the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Astheuia," "Anaemia" stated unless important. "Uraemia," "Weaknes." etc., when a definite disease "Dropsy," "Exhanstica," "Heart vulsions." ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be ...... (name origin; "Cancer" is less definite; avoid Whooping cough; Chronic valvular heart disease; -aecident; Revolver wound of head-homicide; FOR VIOLENT DUATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meusles etc. failure." "Haemor-Always quality all The contributory Meastes; (second-(disease (merely

IN RESERVED FOR BINDING

V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	unty Carrall 1184	(129) Registration Dist. No. 7
Villa	ge or City May Masgaret Ellen	Bruelly (If denth occurred in a hospitul or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE SINGLE, MARRIEI VICTOR WIDOWED OR DIVORCED	16 DATE OF DEATH  Stovenson 25, 182  (Month) (Day) (Year)
6 DA	TE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
0 12.1	Dec. 21 ,84	that I last saw he lalive on November 14 , 192 &
	(Month) (Day) (Year)	and that death occurred on the date stated above, at &
7 AG	If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
(a)	Trade, profession or rticular kind of work.  General nature of industry	
wl	isiness, or establishment in nich employed or (employer)	Contributory (Duration) yrs. mos. de
	(State or country) Frederick 60  10 NAME OF FATHER FREDERICK Bruchly	(Signed) (Duration) yrs. mos. de
ENTS	11 BIRTHPLACE OF FATHER (State or country)  Sermany	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Cligabeth Mane	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	13 HRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos da, State,yrs mos da
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Type Hes E. King	Former or usual residence.
	(Address) mayberry ma	Bethellew Tray Lury 100 28, 192.
15 F	iled Nov. 26192 2 M. R. Duglar	20 UNDERTAKER C ADDRESS LOS June Sow Janlytown
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto, Requesting V. S. No. J Me

(Approved by U. S. Census and American Public Health Association.)

Whatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., Never return "Laborer," "Foreman," "Mauager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, additional line is provided for the latter statement; it should be used only when needed. nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tlou applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-As examples: (a) The material

Statement of Cause of Death—Name, first, the nist Ease causing death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or "Puerperal seplicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as State cause can be ascertained as the cause. "Uracmia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. stated unless important. causing death), 29 ds.; Bronchopncumonia Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart disease; ...... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be FOR VIOLENT DEATHS "Debility" for which surgical operation was under-Never report mere symptoms or terminal ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles State MICANS OF INJURY Always qualify all The contributory "Coma," "Con-The na-(merely (disease (second-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the terrificate is permanently filed.

EXACTLY, F PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, MARRIED. Menn WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH instructions at (Dsy) (Year) 7 AGE If LESS than I day ..... hrs. ter 8 OCCUPATION (a) Trade, profession or aln particular kind of work ..... (b) General nature of industry ā business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) u 10 NAME OF FATHER 0 (Address) ! Marvelle 11 BIRTHPLACE ENT US TIOIT OF FATHER (State or country) Accidental, Suicidal or Homicidal, 0 12 MAIDEN NAME 0 4 OF MOTHER state lents, or Recent Residents) CC 13 BIRTHPLACE At place OF MOTHER of death onid (State or country) Where was disease contracted. 0 if not at place of death? Former or 00 CIANS statement

BINDING

ESERVED

STATE OF MARYLAND CERTIFICATE OF DEAT

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and -Ward)

number.)

MEDICAL CERTIFICATE OF DEATH

(Day) (Year) I HEREBY CERTIFY. That I attended the deceased from

and that death occurred on the date stated above, at . . . .

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the State, ....yrs..... mos

TE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Sarstoga St., Balto., Requesting V. S.

#### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Ceusus and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Larm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocapplies to each and every person, irrespective of For many occupations a single word or term on For persons who have no occupation If the occupation has been changed The material

Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-

The 1

Skull, and cons.

I may be stated under the Commendations on stateof death approved by Committee on Auture of the American Medical Association.)

He this cartificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. If the data is essential and must be obtained before the certificate is permanently filed. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or "Puerperal scpticacmia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" (merely State cause for which surgical operation was under-"Uraemia," "Weaknes:," etc., when a definite disease "Dropsy," symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal stated unless important. vulsions," causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Measles; Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Exhaustion," "Heart failure." "Haemor-"Debility" ("Congenital," "Senile," etc.), Chronic valvular heart Example: Measles (disease discase; (second-

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Z.

	1 PLACE OF DEATH	STATE OF MARYLAND
	ounty Carroll 11847	CERTIFICATE OF DEATH
C		Registration Dist. No. 8-3
Vill	age or City Near Danne (No.	St.; Ward) (If death occurred in a hospital or institu-
	2 FULL NAME Sufacet	tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	bule   4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 1)	ATE OF BIRTH	Mi 10 1927, to M 27 ,1927.
	Nov. 20 1922	that I last saw h alive on MS L 6 ,192.7.
A	(Month) (Day) (Year)	and that death occurred on the date stated above, at 10 A m.
A	If LESS than I dayhre.	The CAUSE OF DEATH 2 was es follows:
	coupation da.lor min. ?	Premater Bitto
	articular kind of work	66 4
J (F	o) General nature of industry	6 /2 Mis
business, or establishment in which employed or (employer)		(Duration)yrsmos/de,
9 B	(State or country) Murylose L	Contributory Secundary
	10 NAME OF	(Signed) Correct M. D.
S	FATHER Walter & Concudery	No 27192 2 (Address) wordbin
ENT	11 BIRTHPLACE OF FATHER (State or country)  Many Council	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Juriel & Miller	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	18 BIRTHPLACE OF MOTHER (State or country)  Maylened	At place In the of death yrs. mos. da. State, yrs. mos. da.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Walter & Concustry	Former or usual residence
	(Address) woulding	BOTTO CONTENSAL OF REMOVAL DATE OF HURIAL
is F	iled Nov 28 1922 William Glenn an	20 UNDERTAKER ADDRESS
	asomony	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	the with the field and fine and field it.	TO W. SHERLUGE St., DRILO., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Housetired 6 yrs.). gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a taborer. Farm laborer. Laborer-Code mine, etc. Womer," etc.; without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary Aremen, etc. But in many Physician, Compositor, Architect, Locomolive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on At Home, and children, not gainfully em-For persons who have no occupation industry, and therefore an

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is 'Epidemic cerebrospinal meningitis''); Diphtheria (avoid use of "Cyoup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> head of "contributory." quences (c. g., sepsis, tetanus) may be stated under the ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia Inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train—accident: Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was underdiseases resulting from childbirth or misearriage "Pupurupuan septicaemia." "Pupurupuan peritonitis," e can be ascertained as the cause. Always qualify all "Uraenia," "Weaknes: " etc., when a definite discase rhage," "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" stated unless important. use of "Tumor" for malignant neoplasms); Meastes; (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Chronic valvular (Recommendations on state-Example: Mcasles (disease Struck by railrean heart disease; "Coma," "Con-(merely (second-

If this cremeate is looked over thoroughly and all questions an weight detail, it will prevent further correspondence the certificate is rechannelly filed.



BINDING

FOR

RESERVED

	1 PLACE OF DEATH		STATE OF MARYLAND
	Carroll	\$ .	CERTIFICATE OF DEATH
Coun	ty wow to	440/0	MAL
	ucati a ci	11848	Registration Dist. No.
Villag	go or City Sykesvelle	(No	St; Ward) [If death occurred in a bospital or institution,
		000	give its NAME instead
	2 FULL NAME CHILL	y C. DeV	ot street and number.]
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A INDIA	RIED, SAC /	16 DATE OF OEATH 910V. 6 1922
-t-	male It lite of	IVORCEO the word)	(Month) (Day) (Year)
6 DA	TE OF BIRTH	was word,	I HEREBY CERTIFY, That I attended deceased from
	grand.	18 18111	, 1900, to , 1912-2
	(Month)	(Day) (Yoar)	that I last saw has alive on Mon 3 , 19127
7 AG	E	It LESS than 1 day, hrs.	and that death occurred on the date stated above, at . Tm.
	8 0 yrs // mes		The CAUSE OF DEATH * was as follows:
8 00	CCUPATION ) Trade, profession, or		A sellet sellet
pai (a	) Irade, profession, or at ho	we,	
(b	) General nature of industry siness, or establishment in		
wh	ich empleyed (or empleyer)		(Buration) 23 yre moe de.
9 BI	RTHPLACE (State or country) Mary	land	Contributory Secondary
_	10 NAME OF		(Duration) 2 yrs. 6 moo. do.
	FATHER John O. YV	adlow	(Signed) , M. O.
TS	11 BIRTHPLACE	1	1201.6 , 1812 (Address) Elders tury
ENT	OF FATHER (State or country)	16 1	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEYE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTA
PAR	12 MAIOEN NAME	Howard	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
a	13 BIRTHPLACE	/	OR RECENT RESIDENTS)
	OF MOTHER (State or country)	nd.	of deeth Syrs. mee. ds. State, mee. de.
14 TI	HE ABOVE IS TRUE TO THE BEST OF M	Y KNOWLEDGE	Where wes disease contracted,  If not at place of deelh?
	(Informant) Harry R. a)	elleris	Former or Elles & SMA
	01	: 0/1	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
	(Address) Sypic	inu	Tack mort mork
15	Mine of RE	Anomia	20 UNOERTAKER ADDITESS
File	ed	REGISTRAR	2 8 Neo-18
-	If more blanks are neede		16 W. Saratoga St., Balto., Requesting V. S. No. 1.
4	7) III MOTO DIGITAL LIFE HOOKE	The state of the state of the state of the l	

[Approved by U. S. Census and American Public Health Association.]

mobile factory. wife. Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (relived state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman, ""Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton Never return "Laborer, Locomotive engineer, in many eases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For VIOLENT DEATHS genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracnia," "Weakness," Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere head-homicide; "PUERPERAL perilonitis," etc. cause. etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping or misearriage as "Puerrenal septichaemia," by railway train-accident; Revolver wound of Always qualify all discases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-Poisoned by carbolic acid-probably State cause for which ACCIDENTAL,



Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD A PERMANENT BINDING S WRITE PLAINLY, WITH UNFADING INK---THIS RESERVED FOR S. No. 1. M. B. ..

1	PLACE OF DEATH  11849	STATE OF MARYLAND CERTIFICATE OF DEATH
	County County	Registration Dist. No.
	2 FULL NAME SUMEN, De	St.; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male Color OR RACE 5 SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 -1, HEREBY CERTIFY, That I attended the deceased from
	6 DATE OF BIRTH  Sept 2 (, 1905) (Month) (Day) (Year)	192, to
	7 AGE  If LESS than I dayhrs.    1 dayhrs.   day	and that death occurred on the date stated above, at/
	8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry	Suberculusis of Lungs.
	business, or establishment in which employed or (employer)	(Duration)yrsmesde
	9 BIRTHPLACE (State or country) Wankand	Contributory Secondary  (Duration)
	10 NAME OF LISTON Norsey	(Signed) A W Laey M. D.
	11 BIRTHPLAGE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal,
	of MOTHER Mary 6 Havoy.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- cents, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)  Manyland	At place of death yrs. mos. da, State, yrs. mos. da,
	14 THE ABOVE IS TRUE TO THE BEST DE MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Uplow Worsey	Former or usual residence.
	(Address) mt. Clify, md.	New London Com MAN 14, 1974
	Filed Nov 13 1922 Maryely 4 Columbia	Mo Bl. Bowwa Yew May M.
11	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Ccusus and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Parm laborer, Laborer-Housemaid, etc. ployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the cr," cte.. Never return "Laborer," "Foreman," "Mauager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocapplies to each and every person, irrespective of or At Home, For many occupations a single word or term on without more precise specification as Day If the occupation has been changed and children, not gainfully em--Coal mine, etc.

Statement of Cause of Death—Name, first, the presence of Cause of Death—Name, first, the presence of the causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraphal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

erroughthed, is indefinite); Tuberculosis of lungs, mon susee of "Pumor" for malignant neoplasms); Measles, Chronic interstitual nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease, "Thage," "Iuanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorcan be ascertained as the cause. Always qualify all Nomenclature of the American Medical Association. ment of eause of death approved by Committee on head of "contributory." quenees ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or "Fuerperal seplicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as conflition, such as "Asthenia," "Anaemia" auxing death), 29 ds.; Bronchopneumonia (secondtaken. For VIOLENT DEATHS STATE MEANS OF INJURY "Uracmia," "Weaknes." ctc., when a definite disease symptomatic), "Atrophy," "Collapse," Poisoned by carbolic acid-probably suicide. The na-State cause (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease nges, peritonacum, etc., Carcinoma, Surcomu, etc., of ... (name origin; "Cancer" is less definite; avoid -accident; Revolver wound of head-homicide; (e. g., sepsis, tetanus) may be stated under the for which surgical operation was under-(Recommendations on state-"Coma," (merely etc.

Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD A PERMANENT BINDING FOR INK---THIS RESERVED UNFADING Z AINLY, WRITE

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PLACE OF DEATH	STATE OF MARYLAND
Corrall 11851	CERTIFICATE OF DEATH
County Wise	(129) Registration Dist. No. 82
Village or City (No. 2 FULL NAMÉ Collevard Tetyle	St.; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That Lattended the deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw here alive on MOV 29, 1927
7 AGE  If LESS than I dayhrs.  yrs. mos. ds. or min.?	The CAUSE OF DEATH & was as follows:
(a) Trade, profession or particular kind of work.  (b) General nature of industry	
business, or establishment in which employed or (employer).  9 BIRTHPLACE (State or country)	Contributory Attrio Seleroses Secondary  (Duration) yrs. pos. ds.
10 NAME OF Maliciah Etyles  11 BIRTHPLACE	(Signed) Carl M Vac Loole 1. D. 1922 (Address) My Cing Md.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Manian Mealey	*State the Disease Causing Death, or, in dotths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Mospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Manyland	ients, or Recent Residents)  At place In the of death yrsmosda. State,yrsmosda.
(Informant) Mw Wilson Styler	Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) Mt aing Ma.	Linganore Cem Fredle Co. December 1, 1977
Filed MAV 30 1922 Harvey J. Bown Registrar	Mr. B.W. Bowwan From M. any, Md.
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at heginning of illness. If retired from or given up on account of the disease causing death, Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day whatever, write Nonc. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, whose are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary Arcmen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croun"); Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver around of head-homicide; as probably such, if impossible to determine definitely. Examples: Arcidental drowning; Struck by railway and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weeknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemla" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Caneer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease (second-

PLACE OF DEATH	STATE OF MARYLAND 73
County Carrall 11851	Registration Dist, No.
6	Registration Dist. No.
Village or CityW. Omwellow (No. , E	St; Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	1201. 132 1922, to Kot 244, 1922, that I last saw him alive on 1907. 2449, 1922,
7 AGE  If LESS than I dayhrs.	and that death occurred on the date stated above, at J, m. The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Tromo Interstituse
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary  Contributory
10 NAME OF FATHER Grand Evans	(Signed) (Duration) yra mos da
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Manyland	IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)  At place of death yrs. mos. da. State, yrs. mos. da.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) flace Change  (Address) Courseller, W. q  Filed 1/25 192 Flavorowand  Registrar	19 PLACE OF BURIAL OR REMOVAL   SATE OF BURIAL  Butlef Centley UN 26, 1922 20 UNDERTAKER   ADDRESS
	16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U.-S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have uo occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of lliness. If retired from or given up on account of the disease causing Death, gaged in domestic service for wages, as Servant, Cook, Whatever, write Nonc. to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House Housemaid, etc. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer, etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an worked ou may form part of the second statement. (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; it sary to know (a) the kind of work and aiso (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-If the occupation has been chauged The nuaterial

Statement of Cause of Death—Name, first, the prisase causing death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemle ecrebrospinal mediagitis"); Diphtheria (avoid use of "Croup"); physical fever (never report "Typhold pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railroay as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal State cause "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Aiways qualify all "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." causing denth), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Chronic interstitial nephritis, cte. The contributory ...... (name origin; "Cancer" is less definite; avoid Whooping cough; Chronic valvular heart discase; FOR VIOLENT DEATHS state MEANS OF INJURY "Debility" ("Congenital," "Seniic," etc.), for which surgical operation was under-(Recommendations on state-"Anaemia" (merely (second-

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PLACE OF DEATH

	PLACE OF DEATH	SINIE OF MARILAND		
	Canoll 11852	CERTIFICATE OF DEATH		
	J.	Registration Dist. No. 78		
Vill	age or City enterprise (No.	St.; Ward) (If death occurred in		
	2 FUL: NAME Philliam 6 Fo	a hospital or institu- tion, give its NAME in- stead of street and number.)		
	PERSONA _ AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 8	Male White SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word) Manual	(Month) (Day) (Year)  (HEREBY CERTIFY, That I attended the decented from		
B D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decensed from		
	1 %			
	(Month) (Day) (Year)	that I last saw h Ans, alive on Wot 30 4, 1927,		
A	(Month) (Day) (Year)	and that death occurred on the date stated above, at 1.4		
	I dayhrs.	The CAUSE OF DEATH & was as follows:		
	yrs	On Deptie Incumoma		
a OCCUPATION (a) Trade, profession or		langer		
P	articular kind of work	A Comment of the Comm		
	o) General nature of industry usiness, or establishment in	2.		
	rhich employed or (employer)	(Duration) yrs mos ds.		
BIRTHPLACE (State or country)		Contributory Secondary		
	Maryland,			
	10 NAME OF Region Tocoler.	(Signed) Le Stitel M.D.		
TS	11 BIRTHPLACE OF FATHER	DZe / 192. ~ (Address) Lew Windson / Ma		
PARENTS	(State or country) (Lettrocou) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.		
	OF MOTHER Course Rellers,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ents, or Recent Residents)		
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos da, State,		
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, if not at place of death?		
		Former or usual residence		
		19 PLACE OF BURIAL OR REMOVAL   SATE OF BURIAL  ALL SATE OF BURIAL  OF SURVEY   SATE OF BURIAL		
Filed Dec. 3 1922 Jacob Farrer		20 UNDERTAKER ADDRESS		
	Te more blanks are stated in State in S	10.111 stary students, mas		
It more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

eupation is very important, so that the relative healthfulness of various pursuits can be known. The quesshould be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the klud of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enwork, or At Home, and ehildren, not gainfully emwhatever, write None. tired 6 yrs.). Housemaid, etc. Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or For persons who have no occupation If the occupation has been changed term on

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avold use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ........ (name orlgin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; diseases resulting from ehildbirth or miscarriage as can be ascertained as the eause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatie), "Atrophy," "Collapse," Chronic interstitial nephritis, etc. The contributory quences (e.g., sepsis, tetanus) may be stated under the ture of the lnjury, as fracture of skull, and eonsetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury State eause for which surgical operation was under "Puerperal septicacmia," "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease vulsions," (secondary or intercurrent) affection need Whooping cough; Nomenclature of the American Medical Association.) head of "contributory." Poisoned by earbolic acid-probably suicide. The nament of cause of death approved by Committee on "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-Example: Meastes (disease "Coma," "Con-(seeond-(merely

If this certificate is looked over thoroughly and all questions answered frequently, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is permanently filed.

N. B.--

V. S.

	PLACE OF DEATH	STATE OF MARYLAND			
	11853	CERTIFICATE OF DEATH			
	ounty Water	Registration Dist. No. 12			
Vill	age or City Vatersville (No.	St.; Ward) (If death occurred in			
	2 FULL NAME Thomas R. Gre	a liospital or institu- tion, give its NAME in- stead of street and number.)			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 5	MARRIED, WIDOWED OR DIVORCES (Write the word)	16 DATE OF DEATH  (Mouth)  (Day)  (Year)  17 I HEREBY CERTIFY, That I attended the deceased from			
6 D	December 4 1849	that I last saw h alive on			
	(Month) (Day) (Year)	and that death occurred on the date stated above, at			
7 A	7 1   dayhrs.	The CAUSE OF DEATH & was as follows:			
8.0	ccupation ds.lovmin. ?	goerania dear mices			
4 (	Trade, profession or	dilina di totale di controcce			
-	articular kind of work. O. W. C.	will be sill and all debreased			
business, or establishment in which employed or (employer)		fraction of apuration hearth mos do			
-	(State or country)	Contributory Secondary			
_	10 NAME OF J. O.	(Signed) asl M Jan Joole M.D.			
	I make Treenwood	22-21 ml			
RENTS	11 BIRTHPLACE OF FATHER (State or country) Manyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether			
PAR	13 MAIDEN NAME Joahanna Josuel	Accidental, Suicidal or Homicidal,  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-			
	13 BIRTHPLACE OF MOTHER (State or country) Manyland.	ients, or Recent Residents)  At place In the of deathyrsmosda, State,yrsmosda.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, if not at place of death?			
	(Informant) Mus Thomas K. Dicenwood	Former or usual residence			
	(Address) Watersville Mrd.	Securood Cem Parolo Mor 27, 1972			
15 F	iled Mrv 26 1922 Harvey Y. Bown	20 UNDERTAKER ADDRESS			
		18 W Saratora St. Balto. Requesting V S. No. 1			
	If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Whatever, write None. Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealer," etc., should be used only when needed. As examples: (a) worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Gracery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day If the occupation has been changed The ques-

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) head of "contributory." quenees (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or "Puerperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childhirth or miscarriage as State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy." "Exhaustion," "Heart failure," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. stated unless important. Example: Mcastes (disease vulsions." eausing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ......(name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-"Coma," "Con-"Haemor-Measles; (merely (second-

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E.

	PLACE OF DEATH	STATE OF MARYLAND
	Carroll 44054	CERTIFICATE OF DEATH
	11002	Registration Dist. No. 7 Z
	2 FULL NAME Stillberr	St; Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	MARRIED WIDOWS OR DIFORCED (Write the word)	16 DATE OF DEATH  Sell born Art, 2 2.2.  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased fro
6 D	ATE OF BIRTH	
7 A	(Month) (Day) (Year)  (July 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	that I last saw halive on
8.0	CCUPATION II LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
000	a) Trade, profession or varicular kind of work b) General nature of industry vusiness, or establishment in which employed or (employer)	(Duration)yrs
9 B	(State or country) Carroll Co. Nud.	Contributory Secondary
	10 NAME OF RUSSELL Hale	(Signed) di M. Muruan M. I
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Ballimon Co. Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	of MOTHER Estel F. Frederick	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	13 BIRTHPLACE OF MOTHER (State or country) Carroll Co. Und	ents, or Recent Residents)  At place of death yrs mos da. State,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, if not at place of death?
	(Informant) Russell Hale	Former or usual residence.
15	(Address) Greenmount Ma	In Garden Nov. 17, 18 3
	Filed/Nr 14 192 LZ MM a Observation	No undertates ADDRESS
	If more blanks are needed, address State Registrar.	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

-er," Whatever, write None. tired 6 yrs.). For persons who have uo occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it worked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fuluess of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., without more precise specification as Day applies to each and every persou, irrespective of or At Home, and children, not gainfully em-For many occupations a single word or who are engaged in the duties of the But in many term on

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted derm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of quenees (e. g., scpsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway train-aecident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accinental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. "Uraemia," "Weaknes:," ctc., wheu a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," symptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely eausing death), 29 ds.; Bronehopneumonia stated unless important. Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); ..... (name origin; "Caueer" is less definite; avoid inges, peritonacum, etc., Carcinomu, Sarcomu, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping eough; Chronic valvulur heart disease; 10 ds. Never report mere symptoms or terminal FOR VIOLENT DEATHS State MEANS OF INJURY "eontributory." the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Senile," etc.), (R commendations ou state-Example: Measles Always qualify all The contributory Measles; (second-(disease "Con-

Village or City Nums Samber (No	CERTIFICATE OF DEATH  Registration Dist. No.  St.; Ward)  Admittan  Admittan  CERTIFICATE OF DEATH  Registration Dist. No.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS  3 SEX	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month)  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) (Day) (Year)  7 AGE If LESS than   dayhrs.    8 OCCUPATION (a) Trade, profession or	that I last saw h alive on Nov. 3
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Manyland	Contributory thronic Upphrite, Mutras Heuris Secondary (Latini) - Cleragos (Duration) , yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Character Country  13 MAIDEN NAME OF MOTHER  Character Country  Character Co	(Signed) M. D.  // 4 1927 (Address) Localization and (2)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal,  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Informant)	At place of death yrs mos. da. State, yrs. mos. da.  Where was disease contracted, if not at place of death?  Former or yould residence.
Filed Mov # 192 Advell Dairs Registrar	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL  MAN CLASSANT CENTER ADDRESS  J. Steam Str. Balton Requesting V. S. No. 1.

CTATE OF MADVIAND

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retlred from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestle service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the household only (not paid Housekrepers who receive a laborer. Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in Industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary Arcmen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., without more precise specification as Day or At Home, and children, not gainfully em-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Pyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train—accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis." diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatle), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death). 29 ds.; Bronchopneumonia (secondstated nuless important. vulsions," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whosping cough; Chronic valvulur heart disease; "Deblilty" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease (merely

BINDING

RESERVE

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the disease causing Death, state occupation at beginning of illness. If retired from Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reto report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Plunter, tiou applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no eccupation If the occupation has been changed -Ceal mine, etc. Wom-As examples: (a)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cercivospinat fever (the only definite synonym is "Epidemic cerebror spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." quences (c. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accedental, suicidal, or homicidal, or taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Puerperal septicaemia." "Puerperal peritonitis," rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia "Uraemia," "Weaknes:" ctc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," vulsions," ary), 10 ds. stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ........ (uame origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) Whooping cough; Chronic valvular heart disease; of the injury, as fracture of skull, and conse--accident; Revolver wound of head-homicide; "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Example: Measles (disease affection need not be "Anaemia" "Haemor-(second-(merely

PLACE OF DEATH	STATE OF MARYLAND
County Springfield State Hospita	CERTIFICATE OF DEATH
hall e hall	Registration Dist. No.
Village or City ykesurlle (No. M.A.	St.;Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2 FULL NAME Mederick Me of	ydl) · number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  Month)  (Month)  (Day)  (Year)
6 DATE OF BIRTH Vinlenoun	Viewed the remains
Month (Day) (Year)	on // 07/ 13 1922
7 AGE If LESS than	and that death occurred on the date stated above, at 12,39. C.m.
56 I dayhrs.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION min. ?	los so special suches firea
(a) Trade, profession or particular kind of work merty Mechanic	J. D. Saraido
(b) General nature of industry business, or establishment in which employed or (employer) Harfital Patremt.	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF FATHER O	(Signed) albet in Suesgraf acting M.D.
11 BIRTHPLACE	192 (Address) Schlaville Coronler
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in Reaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
a OF MOTHER augusta Courtumest	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)  4. S. G.	ients, or Recent Residents)  At place / b yrs mosda. In the Unknown de. State, University mosde.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Springfield Hospital Reca	Former or Battimers . Md.
(Address) Sylvesville, Ends	19 PLACE OF BURIAL OR REMOVAL TATE OF BURIAL
Filed 11-13-1922 RF Dwar	20 UNDERTAKER ADDRESS
Registrar	JAK. Well Systemille
If more blanks are needed, address State Registrar.	16 N. Saratoga St., Balto., Requesting V. S. No. 1.

440PM

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the nisease causing death, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Housech at home, who are engaged in the duties of the er," etc., without more precise specification as Day Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Neyer return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it laborer, Farm laborer, Laborerworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Civil engineer, Stationary firemen, etc. fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation -Coal mine, etc. Wom-But in many

Statement of Cause of Death—Name, first, the discass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menlugitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or "Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for malignant neoplasms); State cause for which surgical operation was under-"Uraenia," "Weakness," etc., when a definite disease "Dropsy," "Exhausticn," "Heart failure." "Haemorvulsions," causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. Whooping cough; inge. ritonacum, etc., Carcinoma, Sarcoma, etc., of ur valified, is indefinite); Tuberculosis of lungs, men-..... (mame origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-Example: Measles The contributory Measles; (merely (second-(disease

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Carroll Registration Dist. No. stated EXACTLY, properly classified (If death occurred in hospital or institution, give its NAME in-stead of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SINGLE, MARRIED. S SEX be WIDOWED (Day) OR DIVORCED (Write the word) That I attended the deceased 6 DATE OF BIRTH (Day) (Year) (Month) and that death occurred on the date stated above, at 2. 3.5.4. m. 80 7 AGE If LESS than The CAUSE OF DEATH & was as follows: day....hrs. terms 8 OCCUPATION (a) Trade, profession or plain particular kind of work... (b) General nature of industry Tormer business, or establishment in TH in which employed or (employer)... Contributory 9 BIRTHPLACE Secondary (State or country) 40, اديا T u 10 NAME OF shoul FATHER 0.0 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. ARENT OF FATHER Information state OAUS TIOIT (State or country 12 MAIDEN NAME UPA. OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state ents, or Recent Residents) 13 BIRTHPLACE OF MOTHER (State or country) should of of if not at place of death? BEST OF MY KNOWLEDGE Every item CIANS shot statement o Dalto. Registrar If more blanks are needed, address State Registrar, 16 W. Karatoga St., Kalto., Requesting V. S. No. 1.

BINDING

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs.). business, that fact may be indicated thus: Furmer (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, Whatever, write None. to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the eases, especially in Industrial employments, it is neces Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation The material

deceased

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of "contributory." (Recommendations on state-Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-aecident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or taken. For violent deaths state means or injury State cause for which surgical operation was under diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Puerperal septicaemia," "Puerperal peritonitis," etc. "Uraemia," "Wcaknes:" ctc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or vulsions," "Debility" ("Congenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," "Coma," "Conuse of "Tumor" for malignant neoplasms); Meastes; causing death), 29 ds.; Bronchopneumonia (seeondstated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; terminal (merely

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Carroll 1185:	CERTIFICATE OF DEATH  Registration Dist. No.
Village or City In Munches le (No.	St.; Ward) (If death occurred in a hospital or institu-
2 FULL NAME Stillborn	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale While 5 SINGLE, Jungle Wildowell OR DIVORCED (Write the word)	I6 DATE OF DEATH    Yev
6 DATE OF BIRTH	192 to , 192
Nova 25- 1922	that I lost saw halive on, 192,
(Month) (Day) (Year) 7 AGE	and that death occurred on the date stated above, at
l dayhrs.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work.	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosde.
9 BIRTHPLACE (State or country) Camel Co. Md,	Contributory  Necondary  (Duration)yrsmosde,
10 NAME OF Frank Krewer	(Signed) J. H. Sherman M.D.
11 BIRTHPLACE OF FATHER (State or country) Carroll Co. Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Thorence Ruley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Carroll Co. Mid	At place of death yrs. mos da. In the State,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Transa floerer	usual residence
(Address) Manchesles Mess	19 PLACE OF BURIAL OR REMOVAL TATE OF BURIAL
Filed /1/25/- 1922 // ary Sheam	20 UNDERTAKER ADDRESS ADDRESS
	16 W. Saratoga St., Balth., Requesting V. S. No. 1.
at more blanks are-meded, andress State Registrar,	10 W. Saratoga St., Baryo., Requesting V. S. No. 1.

#### KEVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

en at hann, who are engage? in the duties of the worked on may form part of the second statement. Never return "Labo"er," "Toreman," "Manager," "Dealadditional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in in lustrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer tion applie to each and every person, irrespective of cupation is very important, so that the relative health or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite alary), may be entered a. Housewife, House household only (not paid Housekeepers who receive a laborer. Zarn laborer, Laborer-Ccal mine, etc. (a) Foremun, (b) Automobile factory. The material Civil engineer, Stationery firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of variou parsuits can be known. business, that fact may be indicated thus: Farmer (re state occupation at legining of illness. If retired from Housemeid, etc. If the occupation has been changed whatever, write None. tired 6 ms.). For persons who have no occupation Statement of Occupation -- Precise statement of oc For many occupations a single word or term on without more precise specification as Day The ques-

EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid pneumonia"); 2
Lobar pneumonia, Bronchopneumonia ("Pneumonia," ed term for the "ame disease. Examples: Cerebrospinal to time and causation), using always the same acceptspinal meuingitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the bis-

> use of "Tumor" for malignant neoplasms); Mcastes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, mensymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsious." (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Puerperal sepiteaemia." "Puerperal peritonitis," "Uraemia," "Weakness," etc., when a definite disease .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY (e.g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.) Never report mere symptoms or terminal (Recommendations on state-(second-(merely

tions answered in de all, it will prevent further correspondence. In the data 's essential and must be obtained before the certificate is permanently filed. It this certificate is looked over thoroughly and all ques-

11/2	PLACE OF DEATH	STATE OF MARYLAND
	Quall.	CERTIFICATE OF DEATH
,	11860	Registration Dist. No. 76
Villag	ge or City Mean Crummel (No,	St.; Ward) (If death occurred in a hospital or institu-
	2 FULL NAME Slearge M. J.	tion, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH
M	ale Mitte OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	S.11-1: 20 . 001.	, 192, to, 192,
	(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE	If LESS than	and that death occurred on the date stated above, at
	26 / I dayhrs.	The CAUSE OF DEATH & was as follows:
9 000	cupation min. ?	Sanciele By Handung
(a)	Trade, profession or	miliate of frainging
	ticular kind of work  General nature of industry	
O bus	siness, or establishment in ich employed or (employer)	
	RTHPLACE	Contributory
	(State or country)	(Duretion), , , yre, , , mos , ds
	10 NAME OF FATHER	(Signed) 18 hours Stemmet M.D.
so .	11 BIRTHPLACE	Nov 9 1922 (Address) Meslinmates lad
EN	(State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	12 MAIDEN NAME Sorona E. Forman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. da. State, yrs. mos. da.
14 TT	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(	Informant) Kafut hease	Former or usual residence
	(Address) Misturinstin, Man	19 PLACE OF BURIAL OR REMOVAL   SATE OF BURIAL
15	11/10 - 1/11	20 UNDERTAKER ADDRESS
Fil	led 1922 floors	20 UNDERTAKER ADDRESS
	Registraf	J. W. Shanes + Son Mesturist
	Off more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," ctc., household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Whatever, write None. tired 6 yrs.). For persons who have no occupation or given up on account of the disease causing death, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseluborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary Aremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day If the occupation has been changed

Statement of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and consement of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the and qualify as accidental, suicidal, or homicidal, or Poisoned by curbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustlen," "Heart fallure," "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal caushig death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; Chronic interstitial nephritis, etc. The contributory ..... (name origh; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; (Recommendations on state-Example: Measles (disease (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1.

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N. BEvery item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI. CIANS should state GAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	ere bestehn der bestehn der bestehn der bestehn der der der bestehn der besteh
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PLACE OF DEATH	STATE OF MARYLAND
12001	CERTIFICATE OF DEATH
County Churoll	100-0
	Registration Dist. No.
Village or City Westminster (NG.P.D.	
Village or City William (No. 1. 2.	St; Ward) (If death occurred in a hospital or institu-
( ) 0 M	tion, give its NAME in-
2 FULL NAME / USSUL //	llearn plase number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
WIDOWED	100 mbs 24 , 1122
Male Mite (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	1? I HEREBY CERTIFY, That I attended the deceased from
(1)-1	Nosember 23 1922, to Bre 24 10 , 1022.
Velaper 27 192	2 that I last sew here alive on Nov 28 , 1922,
(Month) (Day) /Year	
7 AGE	and thet death occurred on the date stated above, at /2
ns I day	The CAUSE OF DEATH & wes as follows:
yremosds.ormir	d. al of Caracana
8 OCCUPATION/	
(a) Trade, profession or particular kind of work.	
	••••
(b) General nature of industry business, or establishment in	, (Duration)yrsnios2. de.
which employed or (employer)	
9 BIRTHPLACE	Contributory Secondary
(State or country) Marin and	(Duration)
10 NAME OF	gre 1 straget
FATHER OF THE STATE OF THE STAT	(Signed) M. D.
o 11 BIRTHPLACE	- May 24 1922 (Address) Westernster hea
C OF FATHER	*State the Disease Causing Death, or, in deaths from
(State or country) Maryand	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
a 12 MAIDEN NAME of MOTHER 5	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a lana O. Cambeas	:ents, or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) Maryland	of death yrs, mos, da, State,yrs,, mos, da,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Mar by my have	Former or
(Informant) M. W. J. M. Muse	usual residence.
Westminster MI	19 PLATE OF BURIAL OR REMOVAL   DATE OF BURIAL
(Address) Mullister, Mi	- deisting Country Hov. 25, 1922
115 11/2 \ 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	20 UNDERTAKER ADDRESS
Filed 1922 Francisco Carl	7 7011 1 11 7
2 Registrar/	J.y. Sharrer & Son Meshennista,
If more blanks are needed, address State Regist	rar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
1.56	

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, cases, especially in industrial employments, it is neces-Civil engineer, Stotionory Aremen, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc For many occupations a single word or term on without more precise speelfication as Day

Statement of Cause of Death—Name, first, the pissase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemie cerebrospinal medingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenelature of the American Medical Association.) ment of cause of death approved by Committee ou head of "contributory." (Recommendations on statequences (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway Poisoned by carbolic ocid-probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. takeu. For VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary). 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia "Dropsy," "Exhaustion," "Heart fallure," "Haemorvulsions," stated unless important. Chronic interstitiol nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart discase; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), Example: Meosles (disease "Anaemia" The na-(second-(merely not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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PLACE OF DEATH	STATE OF MARYLAND
County Olysall 11862	CERTIFICATE OF DEATH
11.002	Registration Dist. No. 26
Village or City January (No. ,,	St.; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junale Mite Single, Married Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH    Consider   162   162   17   182   17   182   183   1
6 DATE OF BIRTH  May 1 1875	that I last saw her alive on word 2 4 1923
7 AGE  (Month) (Day) (Year)  1 If LESS then 1 dayhrs.	and that death occurred on the date stated above, at 4.9m.  The CAUSE OF DEATH it was as follows:  Dealystes meetites >
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Consile
business, or establishment in which employed or (employer)	Contributory selectors of Cherry
10 NAME OF FATHER Word Budeinglearn 11 BIRTHPLACE OF FATHER (State or country) Marganes	(Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)
12 MAIDEN NAME OF MOTHER January Jingling 13 BIRTHPLACE OF MOTHER (State or country) Manyland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)  At place In the State, yrs mosda. State,yrs
(Informant). Such Target MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) January 7111	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  ASTRONOMY CONTRACTOR (1922)  20 UNDERTAKEN (1922)
Filed 1922 The Oost look	Il Shaver & Son Westwinsty
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, whatever, write None. tired 6 yrs.). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day Housemaid, etc. en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in Industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on If the occupation has been changed -Coal mine, etc. Wom-As examples: (a)

spinal meningltis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Lobar pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumonia"); fever (the only definite synonym is "Epidemic eerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-

> Nomenclature of the American Medical Association. ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or Poisoned by carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway taken. For violent deaths state means of injury State cause "PUERFERAL septicacmia." "PUERFERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," diseases resulting from childhirth or miscarriage "Dropsy," "Exhaustion." "Heart failure," "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.), conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valuatar heart discase; ...... (name origin; "Cancer" is less definite; avoid for which surgical operation was under-(Recommendations on state-Bronchopneumonia Example: Measles (disease (second-(merely

ence. All the data is essential and must be obtained before the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE CF CEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. IS A PERMANENT BINDING FOR UNFADING INK---THIS N RESERVED WITH MA WRITE P S. No. 1.

N. B.

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PLACE OF DEATH	863	STATE OF M CERTIFICATE	
County Carroll 11		garan Canada	na
2'1101		(188-e) Registration	Dist. No.
Village or City middle wy (No.		St.;Ward)	(If death occurred in a hospital or institu-
2 FULL NAME Charles	Theo.	me Kinney	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULAR	ILARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX   4 COLOR OR RACE   5 SINGLE, MARKIED, WIDOWED OR DIVORCE (Write the w	ED	16 DATE OF DEATH  (Month)  17 I HEREBY CERTIFY, That I at	(Day) , 162 Z (Year)
6 DATE OF BIRTH		mov. 4 1922 m	OV. 4 1922
(Month) (Day)	, 1868 (Year)	that I last saw h unalive on M.	7. 4 192 2
7 AGE	If LESS than	and that death occurred on the date state	d above, at
54 yrs 0 mos 29 ds	1 dayhrs.	The CAUSE OF DEATH is was as follows:	mobile -
8 OCCUPATION (a) Trade, profession or		Franklind Sta	ull x=
particular kind of work		nemorrhage of	man,
business, or establishment in which employed or (employer)		(Duration)	yrs mos de
9 BIRTHPLACE (State or country) Carroll Con	md .	Contributory Contributory Secondary (Duration)	yîs, mos de
10 NAME OF FATHER CALLA WEKE	mell	(Signed) Mand P. D	iller M.P.
11 BIRTHPLACE OF FATHER (State or country) Carroll C	0	*State the Disease Causing Death Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	, or, in deaths from
12 MAIDEN NAME OF MOTHER Own & Bour		18 LENGTH OF RESIDENCE (For Hospients, or Recent Residents)	itals, Institutions, Trans-
18 BIRTHPLACE OF MOTHER (State or country) Carroll  (State or country)	8	The state of the s	e, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KN	WLEDGE	Where was disease contracted, if not at place of death?	
(Informant) hus ada a. me	inney	Fermer or usual residence.	
(Address) middlebrug	Y hal	19 PLACE OF BURIAL OR REMOVAL	OATE OF BURIAL
Filed nov. 5 1922 mrs Phas &	Diller	20 UNITERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

-(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of Illness. If retired from Whatever, write None, tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school or At home. Care should be taken Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or Industry, and therefore an sary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation But ln many Wom-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Noneinclature of the American Medical Association.) ment q quences (e. g., sepsis, tetanus) may be stated under the head cf "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain—accident; Revolver wound of head—homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause "Puemeeral septieaemia," "Puemperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart fallure." symptomatic), "Atrophy," "Collapse," conditions, ary), 10 ds. Examples: Accidental drowning; Struck by railway "Uraemia," "Weaknes.." ctc., when a definite disease vulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tunnor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping .. (name origin; "Cancer" is less definite; avoid For cause of death approved by Committee on "Debility" ("Congenital," "Senile," etc.), such as "Asthenia," "Anacmia" cough; for which surgleal operation was under-VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal Chronic valvular heart discase; (Rreommendations on state-Example: Measles Always qualify all "Coma," "Haemor-Measles; (merely (second-(disease

If this certificate is looked over thoroughly and all questions enswered in detail, it will prevent further correspondnence. In the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

RESERVED

1 PLACE OF DEATH

Village or City O or Kland Mulland,	Registration Dist. No. 7  St.; Ward)  St.; Ward)  [If death occurred in a bespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While Single, MARRIED, WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  (Month)	that I last saw have alive on 200. 17, 1912.
7 AGE If LESS than 1 day, hrs ds OR 3 omin. ?	and that death occurred on the date stated above, at 1/.30/7 The CAUSE OF DEATH * was as follows:
S OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of Industry business, or establishment in which employed (or employer)	Primature Birllo (7 mos.) (Buration) yrs. mes.
9 BIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary  (Buration) yrs mos
11 BIRTHPLACE OF FATHER  OF MAIDEN  12 MAIDEN NAME OF MOTHER althia R. Green	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At pisce - In the of deeth yrs. mos. ds. State, yrs. mes.  Where was disease contracted, If not at pisce of death?  Former or usual residence
(Address) Signioville Filed //-/8-, 1922 RADWain REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer write None business, that fact may be indicated thus: Parmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, mobile factory. only when needed. As examples: (a) Spinner, (b) Colton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, very important, so that the relative healthfulvarious pursuits can be known. The question Stationary fireman, etc. But in many cases, The material worked on may form part Women at home, who are engaged in Never return Locomotive If retired from engineer, "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubssis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tctanus) may be stated Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For VIOLENT DEATHS mus," "Old Age," "Shock," "Uracmia," "Weakness, head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL persionitis," etc. State cause for which cause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephritis, etc. chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... or miscarriage as "Puerreral septichiumiu," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B. -- Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-ECORD WRITE LAINLY, WITH UNFADING INK---THIS IS A PERMANEN

V. S. No. 1.

	PLACE OF DEATH	FILLEDA	Avand STATE OF MARYLAND CERTIFICATE OF DEATH
Co	ounty Curay	11865 31	Registration Dist. No.
Villa	age or City Warrallton 2 FULL NAME MI ile	l'and & M	St.; Ward)  (If death occurred in hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI 7 DA	Male White &	ARRIED. Single (1DOWED Single Write the word)  17  5-  1.1877  tha	I HEREBY CERTIFY, That I attended the deceased from 2 1 192 2, to 102 2 1 192 2, to 102 2 1 192 2 192
7 AG	(Month)	If LESS than	d that death occurred on the date stated above, at
	45 vrs. 10 mos.	ds. or min. ?	
m (b)	Trade, profession or Jakes A articular kind of work.  General nature of industry usiness, or establishment in hich employed or (employer)	anger Ja	Contributory Authority (Duration) yrs mos
RENTS	10 NAME OF FATHER Jacob 71 11 BIRTHPLACE OF FATHER (State of country)	Cley 7.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	of Mother Hama	1 Saidues 18 1	LENGTH OF RESIDENCE (For Hospitals, Institutions, Trailents, or Recent Residents)
	15 BERTHPLACE OF MOTHER (State or country)	Sand Att	place In the death yrs. mos da, State,
14 T	(informant) The TO THE BEST	OF MY KNOWLEDGE if no	here was disease contracted, not at place of death?rmer or ual residence
15	(Address) Hampste	ad high	FLACE OF BURIAL OR REMOVAL DATE OF BURIAL Pauls Church 127, 19:
	0	1000	UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

tired C prs.j. er," etc., without more precise specification as Day laborer. Frankelaborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it Whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemeric, etc. gaged in domestic service for wages, as Scrvent, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return worked on may form part of the second statement. (a) Foremus, (b) Automobite factory. Spinner, (b) Cotton mitl; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in incus rial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotice engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation -- Precise statement of ocer return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed The material The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

ary), 10 ds. Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbol'e acid-probably suicide. The natrain—accident; Revotrer wound of head—homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or "Puerperal seplicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weeknes !" etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn." "Heart failure." "Haemor vulsious." symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitut nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Mcastes; ...... (name origin; "Cancer" is less definite; avoid inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debllity" ("Congenital," "Scnile," etc.), Never report mere symptoms or terminal (Recommendations on state-"Coma," "Con-(disease discase; (second-(mercly

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. If the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOMM S. No. 20 2

BINDING

FOR

RESERVED

MARG

PLACE OF DEATH	· STATE OF MARYLAND
· Carrel	CERTIFICATE OF DEATH
County 11866	Registration Dist. No. 76
Village or City Washinster (No	St.; Ward)  [If death occurred in a hospikel or institution, give its NAME instead of street and number.]
<sup>2</sup> FULL NAME.	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	10:
Mole Negro. Single MARRIED, WIDOWED OR DIVORCE Brigle (Write the word)	16 DATE OF BEATH WORMAN, S, 1902 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
	mar of mar it
Open (Yest) (Day) (Yest)	that Hact saw h sive on 191,
(Month) (Day) / (Year)  7 AGE If LESS than	and that death occurred on the date stated above, at 60 m.
Steels on 1 day, hrs. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	It shows - Fine Teams
(a) Trade, profession, or particular kind of work	A. C.
(b) General nature of industry	
which employed (or employer)	(Ouration)yrsde.
BIRTHPLACE (State or country)  Monyland  The state of country of the state of country of the state of country of the state of the sta	Contributory Secondary
	(Buration) yrs mes ds
10 NAME OF FATHER OLI Morse	(Signed) Shewher Pours M. O.
0 11 BIRTHPLACE	Mov. O 197 (Address) Mullimater,
Z OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
a 12 MAIDEN NAME OF MOTHER Journal Powell	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  Manyland.	At place In the of death yrs. mos. ds. Stats, yrs. mos. ds.  Where was disease centracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at placs of death?
(Informant) Olivers morse	Former or usual residence
(Address) Protuinster, Mrd,	Moterichofe Cer 11/6 1922
FHES 1/6 1922 FIGURES REGISTRAN	Olive Morse Folky Westimuts
	16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Genetics and American Public Health Association.]

i mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used mobile factory. business or industry, and engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulor given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer. Luberer "Foreman," "Manager," "Dealer." etc., without more know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. taken to report specifically the occupations of persons For many occupations a single word or term on the write None. Housemaid, etc. If the occupation has been changed Statement of Occupation-Procise statement of occupa--C'bal mine, etc. the second statement. Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton therefore an additional line At home. Care should be Never return If retired from "Laborer." (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia," Lober pneumonia, indefinite); Tuberculossis of lungs, menin-

symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For YIOLENT DEATES etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Coma," "Convulsions," "Debility" "Anaemia" (merely symptomatic), Example: Mcasles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably "PUBRPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childon Nomenclature of the American Medical Association.) Struck by railway or miscarriage as "Puenperal septichaemia, train-accident; Revolver wound is less definite; avoid use of State cause "Atrophy," "Col-Never report mere ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B. -- Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LINLY, WITH UNFADING INK---THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
2 · Carrill 11001	74-0 CERTIFICATE OF DEATH
Village or City Thesturing Us (No. 7	Registration Dist. No. 2.6
2 FULL NAME James Michael	Mard)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male while single, widow or blooked (Write the word)	16 DATE OF DEATH ON 23, 11.2 %.  (Mouth) (Day), 11.2 %.  (Mouth) (Day) (Year)  17 1 HEREBY CERFIFY, That I attended the deceased from
6 DATE OF BIRTH  May (Month) (Day) (Yea	100. 22 1922, to hor, 27 1922,  10 that I last saw humalive on hor, 23, 1922,
7 AGE If LESS 1 day	than The CAUSE OF DEATH A second of the
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	- Crleio Melerosis
business, or establishment in which employed or (employer)	Modern yes mos de.
9 BIRTHPLACE (State or country) Wenny & Warning	Contributory Pelyal Secondary  Secondary  Duration  Contributory  Secondary  Duration  Contributory  Secondary  Secondary
10 NAME OF James Jourse	(Signed) Squeen Clover No.
11 BIRTHPEACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Sarah Harvey  13 BIRTHPLACE OF MOTHER  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)  At place In the
(State or country)	of death yrs mos da. State, yrs mos da. Where was disease contracted,
(Informant) C. MANNE OF MY KNOWLEDGE	Former or usual residence.
(Address) Westminster m	absecon M. J. Mar 27 -, 19 22
Filed 1/24 192 Alwoodusz Registrar	20 UNDERTAKER ADDRESS ADDRESS Wenterest
If more blanks are needed, address State Regist	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Ind

(Approved by U. S. Censps and American Public Health Association.)

whatever, write Nonc. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death gaged in demestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an worked on may form part of the second statement. additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Physician, Compositor. Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-Foreman, (b) Automobile factory. The material engineer, Stationary firemen, etc. But in many For many occupations a single word or term on yrs.). For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the -Coal mine, etc. Wom-The ques-

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar preumonia, Bronchopneumonia ("Pneumonia,")

quences Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train—accident; Revolver wound of head—homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and quality as accidental, suicidal, or Homicidal, State cause for which surgical operation was under-"Puenperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanitiou." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," can be ascertained as the cause. Always qualify all "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Meusles (disease use of "Tumor" for malignant neoplasms); Chronic interstittal nephritis, etc. ...... (mame origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinomu, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY (c. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvalar heart discase; (Recommendations on state-"Anaemia" Struck The contributory Meusles; (second-(merely OI

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BINDING

FOR

RESERVED

S. No. 1.

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PLACE OF DEATH  County Over 11868	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Clevelle (No. Prince)  2 FULL NAME Cota Pee	St; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex 4 color or race 5 single, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day), 1922
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw held alive on the deta stated above, at the Am.
If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or March	Leural Criese & demosis
particular kind of work	(Durstion) 2 yrs. 6 mos. ds.
9 BIRTHPLACE (State or country) Cauada.	Contributory Color Secondary  (Duration)
FATHER Closes Clarke	(Signed) Lo 1922 (Address) Ly ker olds ma
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME  A 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
a OF MOTHER Eccely Hobson.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Puesse Coausa	ients, or Recent Residents)  At place 2 yrs. 3 mos. da. ln the State, yrs. mos. da.
14 THE ABOVE 18 TRUE TO THE BEST OF MY ENOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Haspelat Records	Former or was residence. Allemore MA
(Address) Syderaille, Md	19 PLACE OF BURIAL OR REMOVAL CATE OF BURIAL
Filed 11- 77- 1922 F Howard Registrar	20 UNDERTAKEN APPRESS  APPRESS  Sudanelle
If more blanks are needed, address State Registrar.	

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken Never return "Laborer," "Toreman," "Manager," "Dealwhatever, write None. tired & yrs.). definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Housemaid, etc. laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary Fremen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient; c. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more procise specification as Day For persons who have no occupation If the occupation has been changed second statement. But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia").

head. of "contributory." can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," inges, peritonocum, etc., Carcinoma, Sorcoma, etc., of Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quenees (e.g., sepsis, tetanus) may be stated under the ture of the lnjury, as fracture of skull, and conse-Poisoned by carbolic ocid-probably suicide. The natrain-occident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or "Puerperal seplicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as symptomatie), "Atrophy," "Collapse," conditions, ary), 10 ds. stated unless important. use of "Tumor" for malignant neoplasms); Meastes; ...... (mame origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-"Uraemia," "Weaknes." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; FOR VIOLENT DEATHS State MILANS OF INJURY "Dehility" ("Congenital," "Senile," etc.) such as "Asthenia," "Anaemia" Never report mere symptoms or terminal Chronic valvular heart (Recommendations on state-Example: Meastes (discase "Coma," "Haemordiscuse; (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the tata is essential and must be obtained before the certificate is permanently filed.



i

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.	
feeld State Hospitalon St.; Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH Weenhe (Month)	(Day), 1922 (Year)
17 I HEREBY CERTIFY, That I att	tended the deceased from
that I last sow h M. alive on Mores	ulus 22 1222
and thet death occurred on the date states	
The CAUSE OF DEATH & was as follows:	
Tuber Culorie J.  and Largery  (Duration)	12 0
Vuber Culoses To	be Lunge
and Larger	- ' , , , , , , , , , , , , , , , , , ,
Mas	is Wand 1 100
	yrsmosde.
Contributory Secondary	•••••••••••••••••••••••••••••••••••••••
(Duretion)	P.yrs de,
(Signed) Many M.	
11-23.192 & (Address) N.y.	Leevillo me
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from ary; and (2) whether
	tals, Institutions, Trans-
At place / 3 vr. mos da. State	Mukeesen de
Where was disease contracted, if not at place of death?	

BURIAL OR BEMOVAL

TATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar. 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

Former or usual residence

20 ONDERTAKER

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs.). or given up on account of the bisease causing Death, gaged in domestic service for wages, as Servant, Cook, whatever, write None. business, that fact may be indicated thus: Farmer (reto report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Housemaid, etc. laborer, Farm laborer, Laborer worked on may form part of the second statement. Spidier, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of (a) Foreman, (b) Automobile factory. fulness of various pursuits can be known. cupation is very important, so that the relative health-" etc., Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-As examples: (a) The material The ques-

Statement of Chuse of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic gerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumeuia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by head of "contributory." ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; and qualify diseases resulting from childbirth or miscarriage as Poisoned by carbolic acid-probably suicide. The na-Examples: as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all conditions, such as "Asthenia," ary), 10 ds. use of "Tumor" for malignant neoplasms); State cause "Puerperal septieuemic." "Puerperal peritonitis," etc. "Uraemia," "Weaknes:" ctc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticu," "Heart failure." "Haemorvulsions," symptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping (secondary or intercurrent) FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Scnile," Accidental dironning; Struck by railroay cough; AS ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF for which surgical operation was under-Never report mere symptoms or terminal Chronic valvular heart (Recommendations on state-Example: Mcasies affection "Anaemia" Committee on "Coma," need not be Meastes; (disease discase; (merely (second-"Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the details essential and must be obtained before the certificate is permanently filed.



S. V

PLACE OF DEATH  County Carroll 11870 185	STATE OF MARYLAND CERTIFICATE OF DEATH
7/160	Registration Dist. No.
Village or City Misturiustes (No. 1)	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Timale Mite (Write the word)	Movember 10, 1127 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Carnary 1, 1838	that I last saw h . Walive on 1000 . 10 192 2,
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 9 wem.
Styrs. 10 mos. 9 de or min.?	The CANSE OF DEATH : woo as sollows:
8 OCCUPATION (a) Trade, profession or particular kind of work.	and artelfo Iclerosi
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) LQ yre mos de.
9 BIRTHPLACE (State or country) Mary Caird	Contributory Secondary Coursed by fall.  (Duration), yes, mos. 5 de.
10 NAME OF GOVERNMENT GOVERNMENT STREET	(Signed) 1922 (Address) / Estermist
11 BIRTHPLACE OF FATHER (State or country)  Mot known	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother May known	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE, OF MOTHER (State or country)  Wof known	At place of death yrs mos. da. State, yrs mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Chesiles Kickell	Former or usual residence
(Address) Misteriuster Med	Solvin Cath Come New York 13 1972
Filed /// 1922 Ficherockers	20/UNDERTAILER ADDRESS
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing beath, gaged in domestic service for wages, as Servant, Cook whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at lipme, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is proxided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary Aremen, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., without more precise specification as Day or At Home, and children, not gainfully em-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the masease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglis"); Diphtheria (avoid use of "Croup"); puphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of "contributory." quences (c. g., sepsis, tetanus) may be stated under the train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railroay Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. as probably such, if impossible to determlue definitely. and qualify as Accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inunition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Con-"Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions." conditions, such as "Asthenia," ary), 10 ds. causing death), 29 ds.; Bronehopneumonia stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ...... (name orlgin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Example: Measles (disease "Anaemia" Measles; (merely (second-

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1 PLACE OF DEATH	STATE OF MARYLAND
County Carrole 11871	GERTIFICATE OF DEATH Registration Dist. No. 7
Village or City Lykesville (No. Jangfre	Cla Hopulae St; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Married, Wildowed OR DIVORCED (Write the word)  Married, Wildowed OR DIVORCED (Write the word)  Married, Wildowed OR DIVORCED (Write the word)  Married Willow (Write the word)  Month (Day) (Year)	16 DATE OF DEATH November 2/2, 152.2  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased fro Deptember / 8 1919, to November 2/4, 1922  that I last saw h / November 2/4, 192.7
80 + If LESS than I dayhrs.	and that death occurred on the date stated above, at 5.55 P.  The CAUSE OF DEATH & was as follows:  Leveral arteriosclerises
(a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer).  9 BIRTHPLACE (State or country)	(Duration) 3 yrs. 7 mos 7 d
De NAME OF EATHER Unknown  II BIRTHPLACE OF FATHER (State or country) Unknown	(Signed) Win Norfelh Morres M. I W. 212 1921 (Address) Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
12 MAIDEN NAME OF MOTHER Unknown  13 BIRTHPLACE	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcents, or Recent Residents)
OF MOTHER (State or country) Unhumner 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place 3 yrs. 2 mos. 3 da. In the 80 yrs. T State, State, State, State, Market Market State, State
(Informant) Opmefula Frohital Records)  (Address) Cybesnelle, Tha  Filed 11-22-1922 Registrar	19 PLACE OF BURIAL OR REMOVAL ATE OF BURIAL  19 PLACE OF BURIAL OR REMOVAL ADDRESS  20 UNBERTAKER  ADDRESS  ADDRESS

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yers.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, gaged in domestic service for wages, as Scrvant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully cmdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Furn laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used totally when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firences, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lodar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of "contributory." (Recommendations on state-Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as "Puerperal septicaemia," "Puerperal peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:," etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Hacmorconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or vulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Concausing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less defiuite; avoid inges, peritonacum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; of the injury, as fracture of skull, and consc-(c. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart Example: Measles discase; terminal (second-(disease (mcrcly

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is rermanently filed.



Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD PERMANENT < S INK---THIS WITH UNFADING

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PLACE OF DEATH	STATE OF MARYLAND
County Carroll 11012	CERTIFICATE OF DEATH
711 - 14 - 11.	Registration Dist. No.
Village or City VIII VIII VIII VIII VIII VIII VIII VI	St; Ward) (If death occurred in a hospital or institu-
2 FULL NAME Catherine Loruse &a	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Mouth) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Mr. 44 1924, to Mr 7-6, 1924.
6 - 20 - 1922	that I last saw h M. alive on MY . Y , 192 ,
7 AGE (Month) (Day) (Fear)	and that death occurred on the date stated above, at
d dayhrs.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work.	Jasty Enterts
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmesds.
9 BIRTHPLACE (State or country) Warristmile RG and	Contributory Secondary  (Duration)yrsmos
10 NAME OF FATHER Homan W Withulm Sands	(Signed) Wtrawn husem M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
a 12 MAIDEN NAME OF MOTHER DOUGLE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)  Gamus  Grand	At place In the of death yrs mos da. State, yrs mos da. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant)	Figure or usual residence
(Address) Warritmly M RA	19 PLACE OF BURIAL OR REMOVAL SAFE OF BURIAL
Filed /1-77- 1927 Marie Registrar	20 UNDERTAKER ADDRESS
9	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Furmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully cmen at home, who are engaged in the duties of the taborer, Farm taborer, Laborer-Coal mine, etc. Womcr," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) Never return "Lahorer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Ptantor, Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applie: to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation The material The ques-

Statement of Cause of Death—Name, first, the discass causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerelnospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." Nomential are of the American Medical Association.) ment of cause of death approved by Committee on quenees Poisoned by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Howeldal, or ture of the injury, as fracture of skull, and eonsetrain—accident; Revolver wound of head—homicide; Examples: State cause for which surgical operation was under-"PUERPERAL sepileaemic," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weaknes ." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anacmia" ary), 10 ds. Never report mere symptoms or terminal "Dropsy," "Ethinsticn," "Heart failure," "Haemorcausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Meastes (disease use of "Tumor" for malignant neoplasms); vulsions," Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; ...... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unquallfied, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF (e. g., scpsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway Chronic valvular heart (Rrcommendations on state-"Coma," "Coudiscase; Measles; INJURY (mercly (second-

If this definite it tacked over thoroughly and all questions inswered in texal, it will prevent further correspondence ill the data is essential and must be obtained before the certificate is permanently flied.

brificate is permanently flied.

--Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK---THIS IS A PERMANEN. LAINLY, Z. B.

RGIN RESERVED FOR BINDING

V. S. No. 1.

	PLACE OF DEATH  County Curroll 11873	STATE OF MARYLAND CERTIFICATE OF DEATH
The State of	201 : 00	Registration Dist. No.
	Village or City Mellew (No. No. No. No. No. No. No. No. No. No.	St; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX  4 COLOR OR RACE   5 SINGLE, MARRIED, Middown WIDOWED OR DIVORCED (Write the word)  6 DATE OF BIRTH	16 DATE OF DEATH  (Month) (Day), 162.2  (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
	Lore 4 , 1849	that I last saw h alive on 100 / 6 th , 192 2.
	(Month) (Day) (Year)  AGE    If LESS than   dayhrs.   dayhrs.   ormin.	and that death occurred on the date stated above, at
111	(a) Trade, profession or Retired furnier  (b) General nature of industry	Shork Due to a Fall
	business, or establishment in which employed or (employer).  BIRTHPLACE (State or country) Many level	Contributory Inf the Off Off
	o HARME OF Jathan Smelses	(Signed) (Duration) yrs. mos. da.
	II BIRTHPLACE OF FATHER (State or country)  Maryland W 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homickial.
	13 BIRTHPLACE OF MOTHER (State or country) Wilkington	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)  At place of death yrs mos da. State, yrs mos da.
	(Informant) 2dw Hiptor	Where was disease contracted, if not at place of death?  Fermer or usual residence.
i	(Address) Hampstead, Mid	Lugaure Chopel Nov 20, 19.27 20 UNDERTAKER ADDRESS
=	Registrar  To more blanks are needed, address State Registrar.	16 W. Saratoka St., Balto., Requesting V. S. N. 1

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, whatever, write None. state occupation at beginning of illness. If retired from Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At Rome. Care should be taken definite salary), may be entered a. Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Idbore, Farm laborer, Laborerer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotice engineer, the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocapplies to each and every person, irrespective of For many occupations a single word or term on or At Home, and children, not gainfully emyrs.). For persons who have no occupation without more precise specification as Day -Coal mine, etc. Wom-As examples: (a)

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect) to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Diphtheria (avoid pneumenia"); Diphtheria pneumonia, Bronchopneumonia ("Pneumonia,")

> Nomenclature of the American Medical Association.) ment of eause of death approved by Committee head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or Poisoned by carbol'c acid-probably suicide. The natrain—accident; Revolver wound of head—homicide; Examples: Accidental drowning; Struck by railway taken. For violent pearis state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes: " etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure," vulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; "Puerperal scpticacmia." "Puerperal peritonitis," etc. ......(name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart discuse; (Rrcommendations on state-"Hacmor-(discase (second-(merely

Tions answered in detail, it will prevent further correspondence.

In the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	STATE OF MARYLAND
	6000 11074	CERTIFICATE OF DEATH
C	ounty 6 arrale 11874	(129) Registration Dist. No
	4.	
Villa	age or City Trupelsture (No.	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
	2 FULL NAME MORY W	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	Jewel White Bridge (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 / I HEREBY CERTIFY, That I attended the decessed from
6 D	ATE OF BIRTH	1022 to NOV 1 7 102 3
	July 17 gut	that I last saw held alive on Cot 31 192. 2
	(Month) (Day) (Year)	and that death occurred on the date stated above, at
A	If LESS than	The CAUSE OF DEATH & was as follows:
	58 3 16 dayhrs.	Chronic Inlesselles
8 ()	CEUPATION	Missing
(1	articular kind of work. Housewill	Y/6 PP
	o) General nature of industry	33 7
	usiness, or establishment in hich employed or (employer)	(Duration)yrsOmos.Qde,
	IRTHPLACE A O	Contributory Could Communication
	(State of Country) Udams Co Ja	Delalalin (Duration) - 8 hours
	10 NAME OF FATHER TOUTH MILLS	(Signed) Chab R foul M. D.
7.5	11 BIRTHPLACE	*State the Disease Causing Death, or, in deaths from
REN	(State of country) Walants Ub.	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidul or Homicidal.
PAR	OF MOTHER Selecca Harner	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. de. State, yrs. mos. de. Where wes disease contracted,
14 3	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Mr Edw June	Former or usual residence
	(Address) Westmudles and	PLACE OF BURIAL OR MEMOVAL DATE OF BURIAL
15	Filed Mor 2 1922 Tr. P. Englar	20 UNDERTAKTOR ADDRESS
	If more blanks are needed, address State Registrar.	16 W Saratage St. Relter. Requesting V. S. No. V
	tr more planks are needed, address State Registrar.	TO It. SHEHLUKE ME. DULLOW TELLOWETTE T. D. T. D.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write Nonc. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed dnties of the The material But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar Typhoid fever (never report "Typhoid pneumonia"); ed term for the same disease. Examples: Cerebrospina to time and eansation), using always the same accept EASE CAUSINO DEATH (the primary affection with respect fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the DIS pneumonia, Bronchopneumonia ("Pneumonia,"

> uniqualified, is indefinite); Tuberculosis of lungs, menconditions, such as "Asthenia," use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc. of ment of cause of death approved by Committee on head of "contributory:" (Recommendations on statequenees (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under "Puerperal septicuemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsious," symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Mcasles Chronic interstitial nephritis, etc. The contributory Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. taken. (secondary or intercurrent) Whooping FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart disease; affection need not be "Amaemia" (second-The na-(disease (mercly

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

the certificate is permanently filed.

N. B.--Every ltern of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD AINLY, WITH UNFADING INK .-- THIS IS A PERMANEN GIN RESERVED FOR BINDING WRITE V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
Carroll 11875	CERTIFICATE OF DEATH
County	Registration Dist. No. 20
Village or City Janey Coo (No. No. No. No. No. No. No. No. No. No.	St; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8 SEX COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended the deceased from 1922, to 1922,
Trov 20,862	Wat I (ast saw he alive on A
(Month) (Day) (Year)	and that death occurred on the date stated above, at
If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work.	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. 2 da.
* HIRTHPLACE (State of Charles) Carroll Co	Contributory Commission (Buration)
18 NAME OF David H Doreman	(Signed) Banker M. D.  NOV 13 1922 (Address) I and Torra M
11 BIRTHPLACE OF FATHER (State or country) Cavall Co	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Ellew Shelmaker	ts LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Carroll &	At place of death yrs mos da. Stete, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) M. W. O. Ohomson	usual residence
(Address) Janey town, had	Lutheran Janey Joan MN 14 1022
Filed Vor-14 1922 HB. Hagan	60 Duga How Jaugtons
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balton, Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a eu at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal minc, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enworked on may form part of the cases, especially in industrial employments, it is neces-Civil engineer, Stationary foremen, etc. Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully em-If the occupation has been changed second statement. The material But in many

Typhoid fever (never report "Typhoid pneumonia, Bronchopneumonia ("Pneumonia");

Lobar pneumonia, Bronchopneumonia ("Pneumonia") to time and causation), using always the same accepted term for the same disease. Examples: Cercurospinal fever (the only definite synonym is "Epidemie cerebro" EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-

and qualify as ACCIDENTAL. SUICIDAL, OF HOMICIDAL, OF "Puerperal seplicaemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma," "Couconditions, such as "Asthenia," ary), 10 ds. Never report more symptoms or terminal eausing death), 29 ds.; Bronchopncumonic stated unless important. Example: Meastcs (disease use of "Tumor" for malignant neoplasms); Mcusics; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and eonse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. State cause can be ascertained as the cause. Always qualify all picut of cause of death approved by "Uraemia," "Weakness." etc., when a definite discase "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; ...... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Chronic valvular heart discuse; (Recommendations on state-"Anaemia" Committee (merely

the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence.

All the data is essential and must be obtained before the certificate is permanently filed.

EINDING

FOR

GIN RESERVED

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1 PLACE OF DEATH	STATE OF MARYLAND
County loarsold 11876	CERTIFICATE OF DEATH
	Registration Dist. No
Village or City & hople Trov (No.	St; Ward) (If denth occurred in
12.0 O. S.	a hospital or institu- tion, give its NAME in- stead of street and
2 FULL NAME 13 along 43	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED	16 DATE OF DEATH
Frale a hate WIDOW REED OR DIVORCED (Write the world)	(Month) (Day), R2
6 DATE OF BIRTH	I7 I HEREBY CERTIFY, That I attended the deceased from
// /3 ,922	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE	and that death occurred on the date stated above, at
6 yrs. 8 mos. 8 ds or 0 min. ?	The CAUSE OF DEATH A was as follows:
8 OCCUPATION	Joon Ciaol
(a) Trade, profession or particular kind of work	200000000000000000000000000000000000000
(b) General nature of industry	
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary
110 NAME OF	(Duration)yrsmos ds.
FATHER PASSES BOLLS	(Signed) M. D.
11 BIRTHPLACE OF FATHER	
W (State or country) haple trong had	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	Accusental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	lents, or Recent Residents)
OF MOTHER (State or country) hople length	At place In the State,yrsmosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) francou 1) (MB	Fermer or usual residence.
(Address) hill h	19 PLACE OF BURIAL OR REMOVAL TEATE OF BURIAL
15	free hour ball how 13th, 10 22
Filed by 13 1922 Jan Qablest	20 UNDERTAKER ADDRESS
Registrar	6. V. Tipplint son Hayslind had

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Whatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Ceal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material should be used only when needed. sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative healthfulness of various parsuits can be known. The ques-Statement of Occupation-Precise statement of ocetc., or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day kome. Care should be taken As examples: (a)

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospina fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"). Typhoid fever (never report "Typhoid pneumonia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia").

ment of cause of death approved by Committee head of quenees (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railroay as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury symptomatic), "Atrophy," "Collapse," Poisoned by earbolic acid-probably suicide. State cause for which surgical operation was under-"Puerperal scpticaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weaknes;" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Erhausticn," "Heart failure." vulsions," conditions, ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchonncumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvulur heart disease; ...... (mame origin; "Caneer" is less definite; avoid (secondary or intercurrent) affection need not be -accident; Revolver wound of head-homicide; "eontributory." "Debility" ("Congenital," "Senile," etc.), such as "Asthenia," (R-commendations on state-"Anaemia" "Coma," "Ilaemor-(second-(merely etc.

If this certificate is locked over thoroughly and all questions abswered in detail, it will prevent further correspondence.

Ill the data is essential and must be obtained before the detrificate is permanently filed.

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No. 1.

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	PLACE	OF DEA	тн			(43) V
Co	ounty 6	arr	oll	-	IThin c	ON OTATE
/illa	ge or City	Wes	lmi	nole	พ	, 6
	2 FULL NAME Willeam Hen					
	PERSON	AL AND S	TATISTIC	AL PAR	TICULA	ARS
N	rale	Who	DR RACE	5 SINGLE MARRII WIDOW OR DIV (Write	ED, M	arried)
3 DA	ATE OF BIR	dle	(Month)	96	, ay)	1868 (Year)
AG	E		(MOHOM)	(1)		LESS than
		5'4 vra.	m	4		layhrs.
(a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer).  BIRTHPLACE (State or country)						
	10 NAME OF		mis	Was	them	· .
ENTS	11 BIRTHPI OF FATI (State o		Wash	lingto	i all	2C.
PAR	12 MAIDEN OF MOTI	NAME	inker	roun	~	
	13 BIRTHPE OF MOTI (State of		ans	enn	in	
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE						
	(Informant)	mo	ame	e We	lkin	10
	(Addres	s) W l	slm	mste	~ h	rd
Fi	led 1 / 2	192	2 40	wo	Of D	ristrar

STATE	OF	MARY	LAND
CERTIFI	CATI	E OF	DEATH

Registration Dist. No.

ry Watkins	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	
(Month)  17) I HEREBY CERTIFY, That I att	(Day) (Year)
Cally 6 1922, to Wo	U. 30 ,192 2
that I last saw here alive on word	
and that death occurred on the date stated	d above, at
The CAUSE OF DEATH & was as follows:	f falate
(Duration)	yrs
Contributory Secondary Coelectee (Duration)	yrs mos ds.
(Signed) Chool (Median) Wes	Lucia to had
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidai or Homicidal.	or, in deaths from - iry; and (2) whether
18 LENGTH OF RESIDENCE (For Hospi lents, or Recent Residents)	tals, Institutions, Trans-
At place In the of death yrs. mos da. State	,yrsmosda.
Where was disease contracted, if not at place of death?	
Former or usual residence	

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

...., 19.7

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto,, Requesting V. S. No. 1.

(Approved by U. S. (ensus and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH, Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Housemuid, etc.) If the occupation has been changed gaged in domestic service for wages, as Screent, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the er," etc. without more precise specification as worked on , way form part of the second statement, Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. The material nature of the lusiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsnits can be known. cupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Womduties of the But in many The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrogismal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid neonia pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or can be ascertained as the cause. Always qualify all Poisoned by carbolic acid-probably suicide. State cause for which surgical operation was under-"Puerperal seplicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weaknes:" etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhausticn." "Heart symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary). 10 ds. eausing death), 29 ds.; Bronchopneumonia stated unless important. inges, peritonacion, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menvulsions." use of "Tumor" Chronic interstitial nephritis, etc. The contributory ...... (manne origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; FOR VIOLENT DEATHS state MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal for malignant neoplasms); (Recommendatious on state-Example: Mcasles (disease failure." "Haemor-Mousles; (second-(merely etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

N. B.--Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD IS A PERMANENT FOR BINDING WITH UNFADING INK---THIS IN RESERVED AINLY, WRITE

V. S. No. 1.

PLACETOF DEATH	STATE OF MARYLAND
Carrall 11010	CERTIFICATE OF DEATH
County	114
f 6 - 80.	Registration Dist. No.
Village or City Vy REC welle (No. 14 cees	Stild Male Norselat Ward) (If death occurred in
1	a hespital or institu- tion, give its NAME in- stead of street and
2 FULL NAME Lewise V.	Used stead of street and number,)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOB OR RACE 5 SINGLE, MARRIED, WIDOWED	4. //
or cuale College OR DIVORCED	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
	May 1 1922, to Corenetes ( 9, 192 2,
Mukuon 187	that I hast saw h Maliva on Merceuber 12, 1922.
(Month) (Day) (Year)	and that death occurred on the data stated above, at the firm.
If LESS than	The CAUSE OF DEATH & was as follows.
da, or min,	
8 OCCUPATION	Chronec Valuela Vent
(a) Trade, profession or moul	101010
(b) General nature of industry	More han 6 mo.
business, or establishment in	(Duration) yra. mos. da.
which employed or (employer)	Contributory Maria eal Excelencery
(State or country) Mary land	Secondary
10 NAME OF /	(Duration)
FATHER Milliam Jower	(Signed) Mande M. Jes M. D.
o II BIRTHPLACE	UN. 18 1922 (Address) Sy keswiell My
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
2 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
a OF MOTHER a. Follinger	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ieuts, or Recent Residents) At place // In the 52
(State or country) Lucise lucien	of death / yrs mos da. State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Haspeilal Records.	Former or Walteurne Mid
(mormant)	10 PLACE OF BURIAL OR REMOVAL   CATE OF BURIAL
(Address) An bewell Md.	B M' YAY7/ 10-
15 BYL	Vallenagers 1 14 /1. D.J. 13. 197-7
Filed 11-1927 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20 UNDERTAKER ADDRESS
	J. T. Well Syregulle
If more blanks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Whatever, write None. business, that fact may be ludicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the dutles of the tired 6 yrs.). Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc.-Wom-Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the klud of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Archifect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Civil engineer, Stationary firemen, etc. tion applies to each and every person, Irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation If the occupation has been changed As examples: (a) But in many The material

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age." "Shock," Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State eause for which surgleal operation was under-"PUERPERAL schlicacmia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. stated unless important. Example: Measles Examples: Accidental drowning; Struck by railway "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Debillty" ("Congeuital," "Scnile," etc.), Never report merc symptoms or terminal Chronic valvulur heart disease; (Recommendations on state-Carcinoma, Sarcoma, etc., of Meastes; (merely (second-(disease

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



	PLACE OF DEATH	STATE OF MARYLAND
c	ounty Earrolf 11879	CERTIFICATE OF DEATH
Vill	ege or City Lugers Disto (No. ,	Registration Dist. No.  St.; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Zee Zee	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Mouth) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 D	ATE OF BIRTH	June 192 1 10 hor 28 1922
	man 24 867	that I last saw h alive on AVX 2-7 , 1922
-	(Month) (Day) (Year)	and that deeth occurred on the date stated above, at 2.5.7.7.m
7 AC	12~ [ Idayhrs.	The CAUSE OF DEATH & was as follows:
(0	CCUPATION  Trade, profession or articular kind of work.  Mos. T. ds. or min. ?	
b	o) General nature of industry usiness, or establishment in which employed or (employer)	(Duration)yra
_	(State or country)	Contributory Secondary  (Duration), yrs., mos., de.
	10 NAME OF FATHER Bankas Bankas	(8) gned) T. J. C. M. D.
RENTS	11 BIRTHPLACE OF FATHER (State or country) Issary Card 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal.
PAI	OF MOTHER Referca Starrer  13 BIRTHPLACE OF MOTHER (State or country) man land	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)  At place of deathyrsmosda.   In the State,yrsmosda.
14 T	Conformant for heart of My Knowledge	Where was disease contracted, if not at place of death?
	(Address) Littlestown Pa R. S	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL  4 # # # # # # # # # # # # # # # # # #
15 F	Tiled Nov 30 1922 John W. Humbert Rogistrar	20 UNDERTAKER ADDRESS  H. B. Bander Settlyshur Ka
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (rewhatever, write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House en at house, who are engaged in the duties of the ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Percman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But Physician, Compositor. Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc For many occupations a single word or term on 01 11 without more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation Coal minc, etc. Wom-As examples: (a) The material iu many

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by quences ture of the injury, as fracture of skull, and conse Poisoned by carbolic ucia probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental disorning; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent duaths state means of injury State cause "Puerperal septicaemia." "Puerperal peritonitis," discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Ethustica," "Heart vulsions," symptomatic), "Atrophy," "Collapse, conditions, such as "Asthenia." ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" mges, perflonatum, etc., Carcinoma, Sarcoma, etc., unqualified, is indefinite); Tuberculosis of lungs, men Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart discuse; ..... (hame origin; "Cancer" (e. g., sepsis, telajius) may be stated under the "Debility" ("Congenital," "Senile," etc.), for which surgical operation was underfor malignant neoplasms); (Recommendations on state Example: Meastes is less definite; avoid "Anaemia" failure." "Hacmor Struck by railreay " "Соша," (Committee terminal Meastes, (Second-(disease (merely not be "Con-

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S. No. 1

N. B.

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•	PLACE OF DEATH  acceall 11880	STATE OF MARYLAND CERTIFICATE OF DEATH
C	She in	Veeld State Nochelal
Villa	2 FULL NAME The reg 6.	St.; Ward)  St.; Ward)  a hospital or institution, give its AME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8 Le	euch 1 color or BACE 5 SINGLE, NARRIED, Lugh or Divorced (Write the word)	(Month) (Day) (Year)  IT I HEREBY CERTIFY. That I attended the dacased from
6 D.	Month (Day), (Year)	that I last and in fr. aliva on Koveculor (et; 1922
AG		The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer)		Leeber Culos es of the Lungs  (Duration)
NTS	10 NAME OF FATHER Colored  11 BIRTHPLACE OF FATHER (State or country) Cleebecom  (State or country)	(Signed) (Duration) (Duration) (Mos. da. M. D. M
PARE	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Cechecco me.	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  At place of death yrs
	(Informant)	Where was disease contracted, if not at place of death?  Former or Dallewise Md
ı <sub>5</sub>	(Address) Sephervila Ind  iled 11-3 192 2 IP L Awain  Registrar	18 PLACE OF BURIAL OR REMOVAL. STE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS
_		16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been chauged whatever, write None. tired 6 yrs.). state occupation at beginning of illness. If retired from or given up on aecount of the disease causing death, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Houseibife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; worked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firence, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise speelfleation as Day For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meuingitis"); Diphilicria (avold use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"PUERPERAL septicacmia,""PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" "Uraemia," "Weakness," etc., when a definite discase symptomatic), "Atrophy," "Collapse," ary), 10 ds. stated unless important. "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; ...... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, men--accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Example: Mcastes The contributory "Coma," (merely (disease Measles; (second-"Con-

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